2007 ACSM Workshop & Exam Application

ACSM Health/Fitness Instructor®, ACSM Exercise Specialist®

STEP 1

Please indicate your name as you would like it to appear on your contact information.
ACSM files will reflect this name and address. Please do not abbreviate.

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

First Name M.I Last Name

☐ Home ☐ Work
Preferred Mailing Address for all ACSM materials

City State Zip Code

Business Telephone Home Telephone E-mail Address

Date of Birth: _____ Gender: ☐ Male ☐ Female

Special Accommodations Required: ☐ Yes ☐ No

University attended Degree and Major relevant to requirements Year

Other current certifications

Site Location *For a current list of workshops, please visit www.acsm.org. Select Conference and Certification Registration.* Date

STEP 2 Workshop/CEC Course Options

Select the ACSM certification and workshop	**Include payment** (THE WORKSHOP AND THE CEC COURSE ARE PRESENTED BY ACSM EXPERTS AND ARE A GREAT WAY TO EARN AND MAINTAIN AN ACSM CERTIFICATION.)		
☐ **ACSM Health/Fitness Instructor®** ☐ **ACSM Exercise Specialist®**	☐ **$439 member** HFI 2-Day Workshop & *Exam ☐ **$499 non-member** HFI 2-Day Workshop & *Exam ☐ **$459 member** ES 2-Day Workshop & *Exam ☐ **$519 non-member** ES 2-Day Workshop & *Exam	☐ **$140** 1-day CEC Course "Weight Management for Fitness Professional" (COURSE NOT AVAILABLE AT ALL SITES)	☐ **Total Payment** $ _____ ACSM ID _____

* EXAM VOUCHERS WILL BE DISTRIBUTED AT THE WORKSHOP. EXAMS ARE SCHEDULED ON-DEMAND WITH PEARSON VUE AT WWW.PEARSONVUE.COM OR BY CALLING 1-888-883-2276.

STEP 3 Include Payment

Registrations with payment must be postmarked, faxed, or submitted online 45 days prior to first day of event

___ Enclosed with application is a check/money order payable to ACSM (ACSM Fed ID# 23-6390952). **All payments must be in U.S. dollars** ($25 fee for returned checks).

___ Charge above fees to: ☐ MasterCard ☐ VISA

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All 16 numbers must be given

_____ ☐☐/☐☐

Signature authorizes ACSM to charge credit card *Expiration Date*

Mail the completed application form with payment to:
ACSM National Center
Certification Department 6022
Carol Stream, IL 60122-6022 USA

I, by the signature affixed below, understand that continued CPR certification is a necessary component of, and requirement for, valid ACSM certification; and I confirm that I have met all of the minimum requirements for this level of credential and will provide proof if necessary. I have completed the application to the best of my knowledge, and the information is accurate and true. I have read, understand, and agree to the registration transfer and cancellation agreement (see page 13 of the CRC catalog).

_____
Signature of applicant

*Payment or purchase order must accompany all applications.

For information or questions about this form call 317-637-9200, ext. 115. ACSM is located at 401 West Michigan St., Indianapolis, IN 46202-3233